



Ohio Department of
Mental Health

LEGISLATIVE FORUM ON MENTAL HEALTH AND SCHOOL SUCCESS

CREATING A SHARED AGENDA

OCT. 9, 2003



Department of
Education

MENTAL HEALTH IS CRUCIAL TO SCHOOL SUCCESS

FACT SHEET

SHARED OPPORTUNITIES AND CHALLENGES FOR EDUCATION AND MENTAL HEALTH

Federal and state requirements to educate all children put the spotlight on mental health issues, since behavioral problems are common, treatable and without good care often lead to academic failure.

Children whose mental health problems are not addressed often fail in school. Children and adolescents with emotional disturbance have the highest rates of school failure; 50 percent of these students drop out of high school, compared to 30 percent of all students with disabilities.

Children whose disruptive behavior problems are not adequately treated can negatively affect the academic environment for other children. When students disrupt lessons in class, learning and teaching are compromised.

62 percent of Ohio's students identified as having an emotional disturbance spend 60 percent or more of their school day in a regular education classroom — it is critical that the general education teachers are adequately prepared to address students' needs.

The document that monitors goals and objectives for students with special needs, the individualized educational program (IEP), often overlooks students' mental health needs.

A behavior plan can be developed by an educational team for any student, but such plans are rarely utilized.

The best predictor of adolescent well-being is a feeling of connection to school.

There is clear and compelling evidence linking mental health, family involvement and academic success, and indicating that emotional, social and behavioral health problems are significant barriers to learning. Schools addressing behavioral problems proactively have seen improved academic outcomes.

In recognition of the significance of emotional and behavioral barriers to academic learning, the Ohio Association of Elementary School Administrators and the Ohio Association of Secondary School Administrators have jointly endorsed Ohio's Positive Behavior Support initiative — a broad range of school-based strategies designed to improve social and academic outcomes for all students.

More than 75 percent of children and adolescents with mental health problems don't receive treatment.

One in five high school students in Ohio report seriously considering a suicide attempt in the past 12 months. Mental illnesses including depression greatly increase the risk of suicide.

Of Ohio's students with disabilities who are in correctional facilities, 41 percent are identified as having an emotional disability.

Emotional disability is the fastest-growing special education designation in Ohio — currently more than 17,000 students.

More than 1.8 million students attend 612 school districts in Ohio; more than 238,000 adults work in Ohio's schools. Combining students and staff, almost one-fifth of Ohio's population can be found in school — making schools the most universal, ideal setting for promoting the well-being of children and adolescents.

Although there are children with behavioral problems in nearly every classroom, a vast majority of teachers received no college instruction about classroom mental health issues.

Virtually all teachers believe that they should be involved in some way in helping students deal with their mental health problems.

A vast majority of teachers are interested in obtaining additional meaningful training about mental health issues.

Many effective strategies for youth violence prevention and school drop-out prevention in Ohio, such as the 21st Century program, Safe and Drug-Free Schools, and Positive Behavior Supports, depend on the central involvement of educators.



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RECOMMENDATIONS

A Statewide Effort Should Be Undertaken in Ohio to Disseminate Knowledge About Links Between Mental Health and School Success and the Importance of School-Based Mental Health (SBMH) Services.

- Reduce stigma for children in Ohio who need mental health services.
- Promote a better understanding of children's mental health needs, the risks of suicide, and mental health barriers to learning.
- Educate school personnel in Ohio (board members, administrators, teachers, and other staff) about the impact of children's mental health concerns on academic performance and school success.
- Educate the public in Ohio about the need for SBMH services.

The Educational and Mental Health Systems in Ohio Must Challenge Existing Ideas and Practices of "Traditional" Education and Mental Health Services.

- Identify and serve children in Ohio with mental health needs early, not late. Consider school-based screening for behavioral disorders.
- Provide better training for educators, mental health providers, and families, emphasizing mental health and school success.
- Improve availability of and access to SBMH services for all children in Ohio who need care.
- Improve quality and community-relevance of mental health efforts in Ohio's schools.
- Encourage schools to incorporate awareness of mental health in the local health education curriculum for all children (K-12th grade).
- Identify funding and policy barriers that interfere with children's mental health service delivery and with mental health—education collaboration.
- Increase collaboration between education, mental health, and alcohol and drug prevention/treatment at the state and local levels.

Educators, Mental Health Professionals and Families in Ohio Should Work Together to Shape and Implement Policies and Practices That Comprehensively Address Children's Well-being.

- Increase family involvement in school mental health and educational programs in Ohio, including policy making on the state and regional levels.
- Empower and support parents to be involved, in partnership with the schools and mental health providers, in promoting the mental health and school success of their children.
- Actively encourage parent involvement in advocacy and support groups.
- Actively solicit and appreciate student input in program planning.
- Improve collaboration between SBMH services and community-based services in Ohio.

MENTAL HEALTH, SCHOOLS AND
FAMILIES WORKING TOGETHER
FOR ALL CHILDREN AND YOUTH:
TOWARD A SHARED AGENDA



A Concept Paper

*The National Association of State Mental Health Program Directors
and The Policymaker Partnership for Implementing IDEA at
The National Association of State Directors of Special Education*

HOW THE CONCEPT PAPER WAS DEVELOPED

In late summer 2000, discussions began between the Policymaker Partnership at the National Association of State Directors of Special Education (PMP/NASDSE) and the National Association of State Mental Health Program Directors (NASMHPD) on how the two entities could collaborate to promote closer working relations between state mental health and education agencies, schools and family organizations on behalf of children. In late 2000, the sponsoring associations hired a consultant to oversee a joint project. NASMHPD and PMP/NASDSE decided that the first step in this project would be to develop a Concept Paper for policymakers at the state and local levels to lay the groundwork for building partnerships to address the social-emotional and mental health needs of all children.

A work group was formed of over thirty (30) experts from mental health, education and family support and advocacy groups to advise in the development of the Concept Paper. Over the months, that group expanded to over forty (40) members. Work group members participated in monthly conference calls and held two face-to-face meetings from January through July to provide guidance and advice. They reviewed various drafts of the document.

In October 2001, the Concept Paper was submitted to NASMHPD and PMP/NASDSE for endorsement and dissemination. Activities following the dissemination of the Concept Paper will include presentations of the findings and recommendations of the paper at national conferences and other venues before a wide variety of audiences who have an interest in this work. Other activities may include identifying and publicizing states or localities already practicing the values, beliefs and strategies promoted in the Concept Paper, bringing focus and support to this issue at state and national policy academies, legislative conferences and other policy meetings and providing or brokering technical assistance to states and communities interested in developing a shared agenda on behalf of all children and youth in public settings and their families.

MENTAL HEALTH, SCHOOLS AND FAMILIES WORKING TOGETHER FOR ALL CHILDREN AND YOUTH: *TOWARD A SHARED AGENDA*

Executive Summary

The challenges of the 21st century demand collaboration across groups to assure both achievement and well being for America's children and youth. Public mental health and education agencies, schools and family organizations must work together to meet the positive social, emotional and educational needs of every child. Schools urgently need a broad range of mental health programs and services, including strategies for building a supportive school environment, strategies for early intervention, strategies for intensive intervention and a framework for trauma response. These needs have been evident and are well documented in a series of national reports. The critical natures of these efforts are underscored by the events of September 11, 2001.

This paper encourages and offers recommendations to policymakers for systemic collaboration. The emphasis is on developing a shared agenda for children's mental health in schools. The aim is to create and sustain comprehensive, multifaceted approaches to social and emotional development, problem prevention, and appropriate interventions for mental health concerns. The goal is to support both well being and achievement in America's children and youth.

This document describes key characteristics of state mental health and education agencies and family organizations and highlights the rationale for partnerships for a shared agenda to accomplish agreed upon outcomes. Each potential partner brings to the enterprise both assets to build upon and challenges to overcome.

As a foundation for developing a shared agenda, a conceptual framework for meeting the social-emotional and mental health needs of all children is outlined. The framework encompasses a continuum of interventions, including the following:

- Positive development of children (including infants, toddlers, and preschoolers), youth, families, communities, and prevention of problems;
- Early identification — interventions for children (including infants, toddlers, and preschoolers) and youth at risk or shortly after the onset of problems; and
- Intensive interventions.

This conceptual framework will provide the basis for clearly articulated policies and should drive the development and implementation of a shared agenda that yields a continuum of systematic interventions. By providing a full continuum of efforts, students will receive the kind of support to build their academic and interpersonal resources. By delivering appropriate interventions earlier, fewer children may ultimately need complex, intensive and expensive interventions.

This paper includes strategic recommendations for action that incorporate phases of systemic change. These recommendations emphasize readiness for change and durable partnerships. This document encourages the following next steps:

1. NASMHPD and NASDSE should work through the Policymaker Partnership and the IDEA Partnerships to lead a pilot effort that affiliates states committed to a shared education/mental health agenda.
2. NASMHPD and NASDSE should establish and maintain a cross sector national advisory body that includes researchers, practitioners, technical assistance providers and family members.
3. NASMHPD and NASDSE should convene teams from interested states to learn from each other and collectively pursue promising practices including:
 - Ways in which the states may identify blended and braided resources;
 - “Change agent” mindset throughout the cross-sector teams;
 - “Bridge building” strategies that link the state agencies with local agencies;
 - Strategies for creating durable partnerships, including alignment of missions, policies and practices across agencies, shared accountability, resource mapping, redeployment of existing resources, and action planning;
 - Methods to facilitate communication, coordination, problem solving, and sharing of lessons learned;
 - Personnel preparation systems that ensure that all personnel are well trained for their roles;
 - Capacity building efforts, including cross-training, that have potential to move the shared agenda beyond demonstration sites and develop efforts at scale across the states; and
 - Strategies that promote leadership across systems at all levels.
4. NASMHPD and NASDSE should engage key researchers, technical assistance providers, and family organizations in making and sustaining change.

Achieving the promises of this shared agenda requires true commitment. Partners must believe that the payoff in better outcomes for children, youth and their families is worth the investment of time, energy and money.

A number of highly successful state and community initiatives demonstrate that such investments are indeed worthwhile. Given the promise of enhanced partnerships, it is time to align policy and practice across agencies and move forward with a shared agenda.



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